SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department PO, Box 58

> APPLICATION I Ž

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|           | o. Zoning Dept. |                  | 272011 W |                  | TOR PERMIT  |
|-----------|-----------------|------------------|----------|------------------|-------------|
|           | Amount Paid:    | Zoning District_ | Date:    | Application No.: | 4           |
| 5/26/11 / | j<br>Ž          | RKB/             | 1200     | 10-11<br>10-11   |             |
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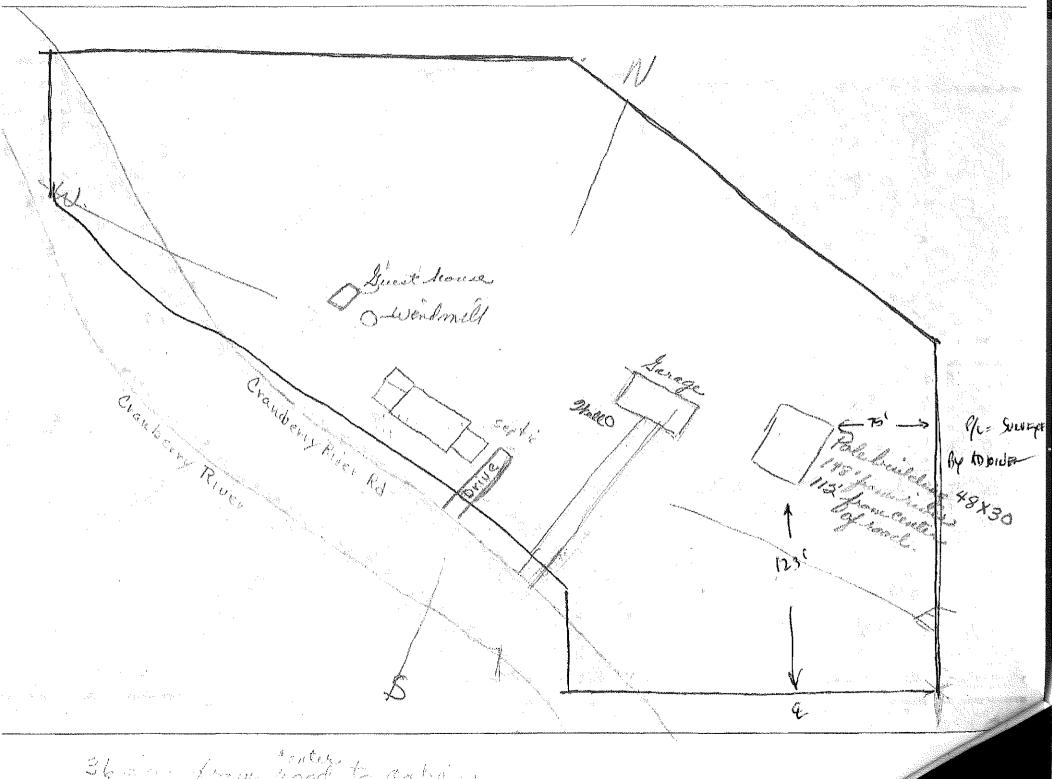
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Shesidential Accessory Building (explain) Pole Fair Market Value 4/6,000 Is your structure in a Shoreland Zone? Address of Property \_ Property Owner Gov't Lot Legal Description S ☐ Residential Accessory Building Addition (explain) □ Residential Addition / Alteration (explain) □ \* Residence w/attached garage (# of bedrooms) ☐ ※ Residence w/deck-porch (# of bedrooms) □ ※ Residence or Principal Structure (# of bedrooms) LAND USE Changes in plans must be approved by the Zoning Department. INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. ☐ Residential Other (explain) Use Tax Statement for Legal Description Residence sq. ft Deck sq. ft. Residence sq. ft 715-FAILURE TO OBTAIN A PERMIT  $\underline{\text{ot}}$  STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN  $\underline{\text{PENALTIES}}$ FINda SANITARY 🗌 774-3858 (Home) 14630 ٤ \_Page erbster ᄗ 1/4 of Addition Cramberry Kalmu \_Block Porch sq. ft of Deeds Deck(2) sq. ft Square Footage PRIVY 🔲 Yes X 1/4 of Section 24844 p arr 중 Existing River Parcel I.D. Of -CONDITIONAL USE [] 30'X48 Subdivision 1440 If yes, (Work) Rd Township 014 ☐ Special/Conditional Use (explain) Basement: Distance from Shoreline: greater than 75' 🐧 75' to 40' 🗍 Written Authorization Attached: □ External Improvements to Accessory Building (explain) ☐ External Improvements to Principal Building (explain) Commercial Other (explain) ☐ Commercial Accessory Building Addition (explain) ☐ Commercial Accessory Building (explain) Commercial Principal Building Addition (explain) Commercial Principal Building ☐ Mobile Home (manufactured date) Authorized Agent Contractor Sanitary: Type of Septic/Sanitary System 5 S) SPECIAL USE New 50-07-Denis ĕ CSM# North, Range N ار Existing 0 Brown 0 1-B.O.A. Yes 🔲 Holding -03 Acreage West. Town of No. Number of Stories **№** Privy\_ (Phone) (Phone) OTHER 000 tax 715-774-less than 40 0 40000 City 10cr 3858

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Date of Approval



36 par from land to antion